Reproductive Health, Reproductive Rights

REFORMERS AND THE POLITICS OF MATERNAL WELFARE, 1917–1940

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Series Editors’ Preface

Robyn Rosen’s book *Reproductive Health, Reproductive Rights: Reformers and the Politics of Maternal Welfare, 1917–1940* uses a biographical approach to present critical issues in the history of women’s reproductive health and rights. Rather than focusing on Margaret Sanger, the extremely influential national leader of the birth control movement, Rosen brings to the forefront four other vital leaders whose contributions have not received the attention they deserve. Elizabeth Lowell Putnam, Ethel Sturges Dummer, Mary Ware Dennett, and Blanche Ames were all well-known contemporaries of Sanger. Though all were active in the areas of women’s health and reproductive rights, each had a unique approach to the reproductive issues women faced. Rosen’s nuanced biographies pay particular attention to the relations among her subjects. She weighs the various and changing views of each of these activists and compares their approaches—assessing their sometimes unified and sometimes divided interpretations of women’s needs. Her book demonstrates the complicated politics of the era while making clear that reproductive health and access to birth control was a major historical subject.

We are pleased to include *Reproductive Health, Reproductive Rights* in our series. We believe that its critical historical insights have much to offer and that these women can enhance our understanding of the complexities of reproductive politics that are present today in the twenty-first century.

— RIMA D. APPLE AND JANET GOLDEN, SERIES EDITORS
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Introduction

Shortly after the United States entered World War I, philanthropist Ethel Sturges Dummer wrote to her friend Katharine Anthony expressing the hope that the war would encourage a scientific reexamination of “the whole problem of motherhood and the relation of the child to the state.” Dummer’s sentiments in 1917 point to a critical moment when traditional nineteenth-century concern for the welfare of women and children converged with new public health standards and notions of modern motherhood. Significantly, this period also shifted away from Victorian sensibilities about family limitation and sexuality. Thus, women’s reproductive lives received unprecedented public attention as women’s sexual and maternal identity destabilized in the early twentieth century. This book explores the highly charged politics of reproduction that emerged in this era of transitions. It explores how, between 1910 and 1939, the movement for women’s reproductive rights was estranged from the movement for women’s reproductive health.

To analyze this trajectory of alienation, this book focuses on the political careers of four reformers: Elizabeth Lowell Putnam (1862–1935), Ethel Sturges Dummer (1866–1954), Mary Dennett (1872–1947), and Blanche Ames (1878–1969). All engaged in political activism on behalf of mothers during the Progressive Era and into the interwar years, reflecting diverse goals, temperaments, and strategies. Together, their careers offer a lens through which to discern the political circumstances that shaped movements for maternal justice, rights, and health. This lens allows us to examine the constellation of forces that contended to advance or thwart the firm establishment of women’s reproductive rights and health care within the domains of policy and culture in the transitional decades of the early twentieth century.
The separate histories of the movements for reproductive health and reproductive rights have been well documented by other scholars. This book highlights points of connection and disagreement. Rarely have accounts of women’s activism acknowledged the connections between efforts to legalize contraception and concurrent efforts to improve maternal and infant health.4

The infant and maternal welfare movement, always the more respectable and mainstream of the two, has its origins in public health reform of the late nineteenth century. Infant mortality was one of the first problems tackled by public health reformers, as they considered it an accurate measure of community health standards.5 When women began to join and even lead the fight against infant mortality, the movement already enjoyed a status that made it more than a mother’s issue. By the early twentieth century it had deep roots in the burgeoning public health bureaucracies throughout the country. Local, state, and municipal governments were the first to develop, fund, and administer programs designed to protect the health of mothers and children. The passage of mothers’ pensions, food and milk regulation, and housing and sanitary reforms all illustrate the commitment of state resources.

The federal government joined this movement with the 1909 White House Conference on the Care of Dependent Children. According to historian Kristen Lindenmeyer, the conference reflected a shift from nineteenth-century “child saving” toward “twentieth century–style child welfare techniques emphasizing prevention, government regulation, [and] aid to families so that children might stay within their own homes.”6 The idea of creating a federal bureau dedicated to children was first seriously considered at the 1909 White House Conference.

Three years later, the U.S. Children’s Bureau (CB) was established in the Department of Labor to “investigate and report upon all matters pertaining to the welfare of children and child life.”7 With the creation of the CB, women reformers, settlement house workers, and social scientists entered the “mostly male empire of policymaking.”8 The CB, created prior to women’s enfranchisement but at the height of women’s civic and political power, gave women reformers a powerful base from which to assert their vision. This vision centered around research into and support for poor, disabled, and disadvantaged children. With the passage of the Sheppard-Towner Maternity and Infancy Protection Act in 1921, the CB initiated, designed, and administered a nationally coordinated effort to tackle infant mortality and eventually maternal mortality. Both Ethel Dummer and Elizabeth Putnam involved themselves in the creation and early activities of the CB.
On the one hand, the origins of the birth control movement can also be found in nineteenth-century public health concerns. Neo-Malthusians, who argued that population growth led to poverty and suffering, were among the first to promote the use of artificial contraception to solve these social problems. On the other hand, the birth control movement also boasted a more radical heritage. Free love radicals, utopian socialists, feminists, and anarchists counted themselves among the first advocates of birth control. Unlike reproductive health campaigns that promised to improve family health and welfare, these latter birth control reformers posed and/or were interpreted as posing overt challenges to the institutions of marriage, monogamy, the nuclear family, and the dominant paradigms regarding female sexuality and mothering. To guard against these threats, Congress passed federal obscenity laws in 1873 that included birth control in their definition of obscenity. By the early twentieth century anxiety over such things as free love, pornography, prostitution, perversion, and “white slavery” manifested in a repressive, if often arbitrarily enforced, legal code. Thus, while maternal and infant welfare began to attract federal attention in the form of investigation and financial appropriation, birth control attracted government censorship and prohibition in the same decades.

Faced with repression and opposition, early-twentieth-century birth control reformers pioneered a variety of creative tactics to disassociate their cause from its checkered past. In an attempt to move into mainstream American culture, reformers appropriated discourses that would attract rather than repel most Americans. In the place of radical critiques of American society and culture, birth controllers now offered sentimental stories about mothers and babies, patriotic sentiments about the vigor of American citizens, rational arguments for scientific and medical progress, and, finally, eugenic ideas that advocated a healthier and usually less diverse society. By the time married people could legally obtain birth control materials under limited circumstances in the 1930s, the cause had been thoroughly sanitized by savvy and pragmatic reformers. Dennett and Ames provided significant leadership among these innovative birth control reformers.

Despite their distinct origins and encounters with public policy, by the interwar years the movements also shared some fundamental tenets. In the Progressive Era, liberal thinkers began to articulate a vision of an ever-improving society, advocating conscious intervention to correct or compensate for the problems wrought by industrial excess. Reproductive reform campaigns reflected this determination to challenge fate, to create options where none had seemed to exist, and to develop strategies to improve circumstances. The “discovery” of excessively high infant mortality
rates illustrated this new way of thinking about the world. Mortality rates can only be considered excessive if people believe that these deaths could and should be prevented. Historian Richard Meckel makes this point when he writes that infant welfare reformers “helped transform a demographic condition into a social problem.” Similarly, research into population growth and public health grew out of new confidence in the possibility of subverting what had heretofore been considered natural phenomena. Movements to challenge the inevitability of infant death, maternal death, unchecked childbearing, and limitations placed on women’s personal fulfillment flourished within this cultural milieu. Thus, the roots of the reproductive health and rights movements can be found in similar orientations toward the relation between fate and progress, inevitability and intervention.

In addition to common goals and orientations, the movements for reproductive health and reproductive rights were shaped by many of the same political and historical circumstances. Both gained greater acceptance on the heels of wartime concerns over the health of U.S. soldiers and citizens, high mortality rates, sexually transmitted diseases, and epidemics; both developed ambivalent relations with the organized medical community that ultimately shaped their respective fates; both were caught up in debates about the welfare state, eugenics, the quality of women’s lives, and the fate of the American family.

Three main threads of analysis run through this study. First, political diversity among white middle- and upper-class female reformers in the interwar years reveals itself through comparative examination of their work in the birth control and maternal and infant welfare movements. While many female reformers shared concern over the health and welfare of mothers and babies, political considerations and orientations led women reformers in distinct and sometimes competing directions. Examining the constellation of political causes related to reproduction that surrounded, attracted, and repelled the women in this study, this book offers a novel perspective on women’s political opportunities and choices in the early twentieth century.

Second, each movement, that for infant and maternal health on the one hand, and birth control on the other, can be understood more fully by acknowledging the historical presence of the other. By considering each movement’s variable fortunes and failures in the context of the other, we see more clearly the political circumstances that shaped both movements. Specifically, this study examines and compares the varied impacts of maternalist and feminist rhetoric, political alliances, and legislative strategies on reproductive rights and reproductive health activism.
Third, this study argues that our understanding of the reproductive health mainstream—the Children's Bureau—and the reproductive rights mainstream—Margaret Sanger and the “Sangerists”—can be enhanced through an examination of their relations with associates and rivals from within the reproductive reform arena. While Putnam, Dummer, Dennett, and Ames all provided leadership in reproductive reform circles, they initiated breaks with and found themselves marginalized by the mainstream for ideological and tactical reasons that I will explore. Identifying and analyzing the factors that contributed to these tensions offers a new perspective on recognized leaders. This study reassesses the scope of their leadership, the wisdom of their vision, and their location along the political spectrum.

The first part of this book focuses on two reformers who worked with and against the CB to improve the lives of mothers and children. Elizabeth Lowell Putnam and Ethel Sturges Dummer, the wealthiest women in this study, were dedicated reformers and philanthropists. While both provided crucial aid to the CB in its early years—promoting its activities to women's groups and politicians, as well as providing advice and financial assistance—ideological and political differences would undermine relations with the CB by the end of their careers. Putnam would become an enemy of the CB by the 1920s, embracing fiscal conservatism and joining the ranks of red-baiting patriots. Dummer, on the other hand, simply lost faith in the CB's ability to stand up for women's interests and moved on to other causes. Putnam and Dummer's political careers, as they intersected and clashed with policy makers in the CB, help to expose the CB's achievements and innovations, as well as its compromises and flaws.

Chapter 1 traces the dramatic political career of Elizabeth Lowell Putnam. Putnam dedicated her life to lowering infant and maternal mortality rates first though milk reform and then through pioneering work in prenatal care. Unlike the overwhelming majority of female welfare reformers in the interwar years, Putnam came of age politically as an anti-suffragist. A wealthy Boston Brahmin, Putnam held traditional views on the proper roles of both women and the federal government. Even as she helped form and shape the agenda of the maternal and infant welfare movement, she became an outspoken critic of federal expansion or regulation in this arena. Although neither a suffragist nor a feminist, Putnam can be called a “maternalist,” meaning she utilized nineteenth-century notions of motherhood to legitimate women's civic activism on behalf of women and children. A comparison of Putnam's pre- and postwar activities highlights the diminishing effectiveness of maternalist ideology as a unifying force among U.S. female reformers.
Putnam’s story reveals that major fault lines among women reformers tended to rest on attitudes toward the state and conventional left-to-right political affiliations, rather than on different levels of commitment to maternal and infant health. Indeed, Putnam was as dedicated to saving the lives of mothers and infants as the women in the CB, but her political orientation yielded a different path: away from the plight of the poor and from federally sponsored social welfare programs. This is a path that historians of women are less familiar with, but one that nevertheless reveals the varieties of forms that reproductive reform could take in the interwar years. Her political career defies conventional categorization and thus complicates our understanding of women’s political culture. Her dedication to maternal and infant welfare veered off the path taken by most maternalists, as she combined some early tendencies—an orientation towards the middle class rather than the poor, and a faith in medical rather than holistic solutions to the problems of mothers and infants—with a political program of small government articulated by right-wing groups that began to emerge in the 1920s. Putnam, therefore, helps us to understand both the ways in which maternalism could facilitate alliances, and its limitations as an organizing principle.

Chapter 2 presents the contrasting career of philanthropist and reformer Ethel Sturges Dummer. It traces the development of Dummer’s feminist politics and her important role as a philanthropist in the arena of maternal welfare and sexual reform. Although she is the least politically active figure in this study, Dummer involved herself in some of the most controversial reform campaigns that comprised reproductive reform, attempting to establish equal rights for unwed mothers and their children, an adequate system of financial support for all mothers, and an end to the sexual double standard. While Dummer worked with the highest-ranking staff of the CB to enact legislation, educate the public, and improve maternal and infant welfare services, her positions were shaped by a different set of sensibilities and goals. Foremost among these differences was Dummer’s conviction that motherhood was unnecessarily problematic due to women’s subordinate social position. Dummer’s career highlights the distinctions between feminist and maternalist approaches to maternal welfare. For the CB, problems arose when mothers were unable to fulfill their responsibilities to their children; this issue was central to its social investigation and policy recommendations. Dummer’s convictions contrasted with this child-centered orientation and led her to define her projects and goals in some interesting ways. Specifically, her desire to ameliorate the harsh conditions surrounding motherhood led her to champion the rights of the most vulnerable and despised groups of
mothers and the girls and women most likely to move into this category: unwed mothers, female delinquents, and prostitutes.

Dummer considered herself part of the maternal and infant welfare movement, and worked with and helped to fund the CB, but possessed a much more “rights-oriented”/feminist perspective than the progressive maternalists in the Bureau. That Dummer’s political career encompassed an interest in female delinquency and sexuality, therefore, is not surprising. Unlike mainstream reproductive health activists, she acknowledged women’s sexuality and its potential for both pleasure and danger. Therefore, Dummer’s interest in maternal welfare, stemming from her feminism but not leading her directly toward the birth control movement as it did other feminists, illustrates another layer in the politics of maternal welfare.

The second half of this book shifts away from consideration of reformers associated with the CB to two women who were leaders in the birth control movement. In the same way that Dummer’s and Putnam’s careers help to contextualize the CB, Mary Ware Dennett and Blanche Ames add richness to our understanding of the politics of birth control in this crucial period that witnessed the nominal cultural and legal acceptance of artificial contraception.

The careers of Dennett and Ames illuminate more clearly the directions the mainstream movement took as well as the costs and payoffs of the compromises it made. Ames was a gentle and constructive critic of Margaret Sanger. The two women intermittently worked together and parted company when disagreements over strategy and ideology arose. Dennett’s relations with Sanger were more contentious, as the latter two women strove to shape and lead the birth control movement in competing directions during the interwar years. Dennett’s and Ames’s distinct perspectives and tactics serve as counterpoints to Sanger’s, offering new ways to assess both her great achievements and her misjudgments and mistakes.

Chapter 3 traces Mary Ware Dennett’s political career in the birth control movement. Dennett’s birth control work began when she helped establish the National Birth Control League (NBCL) in 1915. This event precipitated a contentious relationship between Dennett and Sanger, as the League was formed during the latter woman’s flight from prosecution for violation of birth control statutes. For the next twenty years, Sanger and Dennett fought over the direction of the birth control movement in the United States. While Sanger was more interested in establishing clinics and passing legislation that would enable physicians to disseminate birth control, Dennett sought to ensure that birth control information and
materials would be completely free from government interference or regulation. Dennett was the first of the two to move into the federal legislative arena by forming in 1919 the Voluntary Parenthood League, whose mission was reform of the federal obscenity statutes. Dennett continued to focus on ending government repression of scientific information throughout the 1920s, while Sanger, Ames, and others tried to steer clear of the civil liberties aspect of birth control to emphasize doctors’ rights, women’s health, and family stability. A birth control activist who promoted her cause neither as a feminist one nor a maternalist one, Dennett’s career reveals the complexities of reproductive reform politics.

Blanche Ames was another birth control reformer whose career reflects the diversity of birth control politics and offers an instructive comparison to Sanger. Chapter 4 follows Ames’s career and the fate of the birth control organizations she led in Massachusetts during the interwar years. Like Putnam, Ames was a wealthy, educated, and well-connected Boston reformer. Like Dennett, she prioritized birth control among the several causes that captured her attention in the interwar years. Her story is rife with frustrations and triumphs, and reveals the extent to which reproductive reform could be tackled from numerous vantage points over the course of an individual’s career.

While Dennett led the first national birth control organization that attempted to tackle federal legislative reform, Ames counseled her state league to keep out of the federal arena. On the state level, the politics of birth control—negotiating the twists and turns of the judicial and legislative branches of local and national government—come to the foreground. Ames found that in her home state of Massachusetts a conservative climate necessitated deference to medical authority and a rejection of aggressive political tactics. Facing a conservative state legislature and a large local Catholic population, Massachusetts’s birth control reformers chose to ally themselves with Sanger’s American Birth Control League when convenient, but dropped their affiliation when it seemed politically appropriate. The story of the Massachusetts league reveals the multilayered politics of the birth control movement, its connection to maternal and infant welfare, and its ability to mutate into various forms and shapes according to the prevailing political environment.
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